

## **NCLAC: Perspectives from a Public Health Practitioner**

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Cancer prevention and control are critical components of the overall effort to reduce the number of lives lost to cancer. Cancer is the nation's second leading cause of death; over a million people annually are diagnosed with cancer and half of that number die from cancer. These numbers are unacceptable. Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk, as well as ensuring that screening services and high-quality treatment are available and accessible, particularly to medically underserved populations.

At the state level, funding for cancer control efforts is inadequate, even in the best of times. States rely on the Centers for Disease Control and Prevention (CDC) for leadership, funding and technical assistance for public health programs for cancer prevention and control. CDC is the primary source of support for state cancer registries; behavioral risk factor surveillance; youth risk behavioral surveillance; breast and cervical cancer early detection; skin, prostate, ovarian and colorectal cancer education; tobacco use prevention and control; promotion of physical activity and nutrition; and coordinated school health. CDC also provides national leadership for comprehensive cancer control, supporting coordinated planning and program development to ensure that state priorities are addressed. Without these programs, state public health agencies would not be able to fulfill their basic mission of bringing science-based programs and services to bear on health problems at the local level.

Our nation has made wise investments in research that has led to discovery of new strategies for cancer prevention, improved early detection and effective treatment methods. Unfortunately, we have not made a comparable investment in translating research findings into practice. While much is known about effective methods of prevention and early detection of cancer, state-of-the-art methods are available to only a small segment of the population. For example, CDC's Breast and Cervical Cancer Early Detection Program is able to reach only 10-15% of eligible women. The Medicare program offers coverage for breast and cervical cancer screening, but 40% of eligible women are not obtaining these vital services.

Clearly, something is missing – dissemination and application of knowledge doesn't just "happen." We must undertake a deliberate and concerted effort to move science from the bench to the trenches. To achieve the desired outcome of reduced cancer mortality and morbidity, we must bring established prevention and control strategies, as well as those being developed, to our entire population. The National Cancer Legislation Advisory Committee report offers concrete steps for closing the gap between research and practice; as a public health practitioners, I urge Congress to adopt these recommendations and help us move closer to shared goal of eradicating cancer as a major health problem in our lifetime.